



# FORM LM-2 LABOR ORGANIZATION ANNUAL REPORT

Form Approved  
Office of Management and Budget  
No. 1215-0188  
Expires: 11-30-2002

**MUST BE USED BY LABOR ORGANIZATIONS WITH \$200,000 OR MORE IN  
TOTAL ANNUAL RECEIPTS AND LABOR ORGANIZATIONS IN TRUSTESHIP**

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

For Official Use Only 	1. FILE NUMBER <u>023-553</u>	2. PERIOD COVERED MO DAY YEAR From <u>07 01 2000</u> Through: <u>06 30 2001</u>	3. (a) AMENDED — If this is an amended report correcting a previously filed report, check here: (b) TERMINAL — If your organization ceased to exist and this is its terminal report, see Section XII of the instructions and check here: (c) SUBSIDIARY — If this is a report for a subsidiary organization of your union as defined in Section X of the instructions, check here:
	8. MAILING ADDRESS (Type or print in capital letters.) First Name _____ Last Name _____ P.O. Box • Building and Room Number (if any) _____ Number and Street _____ City _____ State _____ ZIP Code + 4 _____		
KEITH MINER (2) 023-553 CARPENTERS AFL-CIO 220 LU 1138 1217 PROUTY AVE TOLEDO, OH 43609 6/2001 			
4. AFFILIATION OR ORGANIZATION NAME			
5. DESIGNATION (Local, Lodge, etc.)		6. DESIGNATION NUMBER	
7. UNIT NAME (if any)			
9. Are your organization's records kept at its mailing address? (If "No," provide address in Item 75.) Yes No			

75. ADDITIONAL INFORMATION (If more space is needed, attach additional pages properly identified.)

Item Number <u>14</u>	<u>Review by Alan R Wagner and Company, Certified Public Accountants</u>
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Each of the undersigned, duly authorized officers of the above labor organization, declares, under the applicable penalties of law, that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See Section VI on penalties in the instructions.)

76. SIGNED: <u>Ron Reichenbuhler</u> <u>3808101</u> (419) 248-4273 Date Telephone Number	PRESIDENT (If other title, see instructions.)	77. SIGNED: <u>Keith A. Miner</u> <u>818101</u> (419) 248-4273 Date Telephone Number	TREASURER (If other title, see instructions.)
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## During the Reporting Period Did Your Organization:

- |  | Yes | No |
|--|-----|----|
| 10. Have a "subsidiary organization" as defined in Section X of the instructions? .....  |     | X  |
| 11. Create or participate in the administration of a trust or other fund or organization, as defined in the instructions, which provides benefits for members or their beneficiaries? .....              |     | X  |
| 12. Have a political action committee (PAC) fund? .....  |     | X  |
| 13. Acquire or dispose of any goods or property in any manner other than by purchase or sale? .....  |     | X  |
| 14. Have an audit or review of its books and records by an outside accountant or by a parent body auditor/representative? .....  |     | X  |
| 15. Discover any loss or shortage of funds or other property? .....<br>(Answer "Yes" even if there has been repayment or recovery.)  |     | X  |
| 16. Have any officer who was paid \$10,000 or more by your organization and also received \$10,000 or more as an officer or employee of another labor organization or of an employee benefit plan? ..... |     | X  |
| 17. Liquidate or reduce any liabilities without disbursement of cash? .....  |     | X  |

(If the answer to any of the above questions is "Yes," provide details in Item 75 on page 1 as explained in the instructions for each item.)

18. How many members did your organization have at the end of the reporting period? 970
19. What is the date of your organization's next regular election of officers? MO 06 YEAR 2004
20. What is the maximum amount recoverable under your organization's fidelity bond for a loss caused by any officer or employee of your organization? \$ 50000
21. What are your organization's rates of dues and fees?  
(Enter a minimum and maximum if more than one rate applies for any line.)

Rates of Dues and Fees	
(a) Regular Dues/Fees	\$ <u>6.75/15.00</u> per <u>Month</u> (Month, Year, etc.)
(b) Initiation Fees	\$ <u>60<sup>00</sup>/300<sup>00</sup>/350<sup>00</sup></u>
(c) Transfer Fees	\$ <u>N/A</u>
(d) Work Permits	\$ <u>N/A</u> per _____ (Month, Year, etc.)

- |  | Yes | No |
|--|-----|----|
| 22. During the reporting period, did your organization have any changes in its constitution and bylaws (other than rates of dues and fees) or in practices/procedures listed in the instructions? .....<br>(If the constitution and bylaws have changed, attach two new dated copies. If practices/procedures have changed, see the instructions.) |     | X  |
| 23. Were any of your organization's assets pledged as security or encumbered in any other way at the end of the reporting period? .....  |     | X  |
| 24. Did your organization have any contingent liabilities at the end of the reporting period? .....  |     | X  |

(If the answer to Item 23 or 24 is "Yes," provide details in Item 75 on page 1.)

# STATEMENT A — ASSETS AND LIABILITIES

FILE NUMBER: 023-553

Complete Schedules 1 Through 15 Before Completing Statement A

Enter Amounts in Dollars Only — Do Not Enter Cents

ASSETS	ASSETS	From	Start of Reporting	End of Reporting
	Item	SCH #	Period (A)	Period (B)
	25. Cash .....	1	13,090	13,744
	26. Accounts Receivable .....			
	27. Loans Receivable .....			
	28. U.S. Treasury Securities .....	2	89,562	29,254
	29. Investments .....		172,508	178,703
	30. Fixed Assets .....	5		
	31. Other Assets .....	3		
	32. TOTAL ASSETS .....		275,160	221,701

LIABILITIES	LIABILITIES	From	Start of Reporting	End of Reporting
	Item	SCH #	Period (C)	Period (D)
	33. Accounts Payable .....	8		
	34. Loans Payable .....			
	35. Mortgages Payable .....			
	36. Other Liabilities .....			
	37. TOTAL LIABILITIES .....	4		
	38. NET ASSETS (Item 32 less Item 37) .....		275,160	221,701

# STATEMENT B — RECEIPTS AND DISBURSEMENTS

FILE NUMBER: 023-553

Complete Schedules 1 Through 15 Before Completing Statement B

Enter Amounts in Dollars Only — Do Not Enter Cents

CASH RECEIPTS		From SCH #	AMOUNT	CASH DISBURSEMENTS		From SCH #	AMOUNT
Item				Item			
39. Dues .....			166293	56. To Officers .....	9		12978
40. Per Capita Tax .....				57. To Employees .....	10		
41. Fees .....				58. Per Capita Tax .....			111412
42. Fines .....			3310	59. Fees, Fines, Assessments, etc. ....			2000
43. Assessments .....			2525	60. Office & Administrative Expense ....	13		7730
44. Work Permits .....				61. Educational & Publicity Expense ...			
45. Sale of Supplies .....				62. Professional Fees .....			850
46. Interest .....			5068	63. Benefits .....	11		
47. Dividends .....			3024	64. Contributions, Gifts & Grants .....	12		5411
48. Rents .....				65. Supplies for Resale .....			
49. Sale of Investments & Fixed Assets .....	6		29763	66. Direct Taxes .....			
50. Loans Obtained .....	8			67. Withholding Taxes .....			
51. Repayments of Loans Made .....	1			68. Purchase of Investments & Fixed Assets .....	7		
52. On Behalf of Affiliates for Transmittal to Them .....				69. Loans Made .....	1		
53. From Members for Disbursement on Their Behalf .....				70. Repayment of Loans Obtained .....	8		
54. Other Receipts .....	14			71. To Affiliates of Funds Collected on Their Behalf .....			
				72. On Behalf of Individual Members ...			8779
				73. Other Disbursements .....	15		60169
55. TOTAL RECEIPTS .....			209983	74. TOTAL DISBURSEMENTS .....			209329

If more space is needed to complete Schedules 1 through 8 or 11 through 15, continue on additional pages, using the same column headings used on the schedule, and enter the totals on the line provided for additional pages in each schedule. For Schedules 9 and 10, use the continuation pages provided.

FILE NUMBER: 023-553

Enter Amounts in Dollars Only — Do Not Enter Cents

## SCHEDULE 1 — LOANS RECEIVABLE

List below loans to officers, employees, or members which at any time during the reporting period exceeded \$250 and list all loans to business enterprises regardless of amount. (A)	Loans Outstanding at Start of Period (B)	Loans Made During Period (C)	Repayments Received During Period		Loans Outstanding at End of Period (E)
			Cash (D)(1)	Other Than Cash (D)(2)	
1. Name: _____ Purpose: _____ Security: _____ Terms of Repayment: _____					
2. Name: _____ Purpose: _____ Security: _____ Terms of Repayment: _____					
3. Name: _____ Purpose: _____ Security: _____ Terms of Repayment: _____					
4. Totals from additional pages (if any)					
5. Totals of loans not listed above					
6. Totals of Lines 1 through 5					
Enter the Totals from Line 6 in ..... <div style="display: flex; justify-content: space-between; width: 100%;"> <span>↑ Item 27 Column (A)</span> <span>↑ Item 69</span> <span>↑ Item 51</span> <span>↑ Item 75 with Explanation</span> <span>↑ Item 27 Column (B)</span> </div>					

# **SCHEDULE 2 — INVESTMENTS** (OTHER THAN U.S. TREASURY SECURITIES)

FILE NUMBER: 023-553

# **SCHEDULE 3 — OTHER ASSETS**

Description (A)	Amount (B)
<b>Marketable Securities</b>	
1. Total Cost	
2. Total Book Value	178,703
3. List each marketable security which has a book value over \$1,000 and exceeds 20% of Line 2.	
(a) UBS Paine Webber Investments	178,703
(b)	
(c)	
(d)	
<b>Other Investments</b>	
4. Total Cost	
5. Total Book Value	
6. List each other investment which has a book value over \$1,000 and exceeds 20% of Line 5. Also list each subsidiary for which separate reports are attached.	
(a)	
(b)	
(c)	
(d)	
(e) Total from additional pages (if any)	
7. Total of Lines 2 and 5	178,703
Enter the Total from Line 7 in ..... Item 29, Column (B)	

Description (A)	Book Value (B)
1.	
2.	
3.	
4.	
5.	
6. Total from additional pages (if any)	
7. Total of Lines 1 through 6	
Enter the Total from Line 7 in ..... Item 31, Column (B)	

# **SCHEDULE 4 — OTHER LIABILITIES**

Description (A)	Amount at End of Period (B)
1.	
2.	
3.	
4.	
5.	
6. Total from additional pages (if any)	
7. Total of Lines 1 through 6	
Enter the Total from Line 7 in ..... Item 36, Column (D)	

# **SCHEDULE 5 — FIXED ASSETS**

FILE NUMBER: 023-553

Description (A)	Cost or Other Basis (B)	Total Depreciation or Amount Expensed (C)	Book Value (D)	Fair Market Value (E)
1. Land (give location):				
2. Totals from additional pages (if any)				
3. Buildings (give location):				
4. Totals from additional pages (if any)				
5. Automobiles and Other Vehicles				
6. Office Furniture and Equipment				
7. Other Fixed Assets				
8. Totals of Lines 1 through 7				

Enter the Total from Line 8, Column (D) in ..... Item 30, Column (B)

# **SCHEDULE 6 — SALE OF INVESTMENTS AND FIXED ASSETS**

Description (if land or buildings, give location) (A)	Cost (B)	Book Value (C)	Gross Sales Price (D)	Amount Received (E)
1. UBS Paine Webber Investments		196,367	196,367	196,367
2.				
3.				
4.				
5. Totals from additional pages (if any)				
6. Totals of Lines 1 through 5				
			7. Less Reinvestments	166,604
			8. Net Sales	29763

Enter the Total from Line 8 in ..... Item 49

# SCHEDULE 7 — PURCHASE OF INVESTMENTS AND FIXED ASSETS

FILE NUMBER: 023-553

Description (if land or buildings, give location) (A)	Cost (B)	Book Value (C)	Cash Paid (D)
1.			
2.			
3.			
4.			
5. Totals from additional pages (if any)			
6. Totals of Lines 1 through 5			
		7. Less Reinvestments	
		8. Net Purchases	
Enter the Total from Line 8 in .....			↑ Item 68

# SCHEDULE 8 — LOANS PAYABLE

Source of Loans Payable at Any Time During the Reporting Period (A)	Loans Owed at Start of Period (B)	Loans Obtained During Period (C)	Repayment Made During Period		Loans Owed at End of Period (E)	
			Cash (D)(1)	Other Than Cash (D)(2)		
1.						
2.						
3.						
4.						
5. Totals from additional pages (if any)						
6. Totals of Lines 1 through 5						
Enter the Totals from Line 6 in .....		↑ Item 34 Column (C)	↑ Item 50	↑ Item 70	↑ Item 75 with Explanation	↑ Item 34 Column (D)



# SCHEDULE 9 — ALL OFFICERS AND DISBURSEMENTS TO OFFICERS

FILE NUMBER: 023-553

(A) Name <small>(List all persons who held office during the reporting period even if they received no salary or other disbursements. Use all capital letters.)</small>	(B) Title <small>(Enter title of officer, such as PRESIDENT or TREASURER.)</small>	Status (C)*	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
1. ROTHENBUHLER RONALD <small>Last Name First Name</small> Title PRESIDENT Status C				1599		788	2387
2. RAHN MICHAEL <small>Last Name First Name</small> Title VICE PRESIDENT Status C				1599			1599
3. MAGUIRE PATRICK <small>Last Name First Name</small> Title FINANCIAL SEC Status C				1599			1599
4. MINER KEITH <small>Last Name First Name</small> Title TREASURER Status C				1599			1599
5. ABBEGLIN TIMOTHY <small>Last Name First Name</small> Title TRUSTEE Status C				1599			1599
6. HILDEBRAND THOMAS <small>Last Name First Name</small> Title TRUSTEE Status C				1599			1599
7. TAYLOR DANIEL <small>Last Name First Name</small> Title TRUSTEE Status C				599			599
8. Totals from additional pages (if any)				1,997			1,997
9. Totals of Lines 1 through 8				13,190		788	12,978
10. Less Deductions							
Enter the Total from Line 11 in ..... Item 56 ⇨					11. Net Disbursements 12978		

\*Code for Status (C): past officer — P; continuing officer — C; new officer during the reporting period — N.

(If any officer was not elected at a regular election in accordance with your organization's constitution and bylaws, explain in Item 75 on page 1.)


# SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES

FILE NUMBER: 023-553


(A) Name <small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)</small>		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position <small>(Enter employee's job title.)</small>						
(C) Name of Affiliated Organization <small>(if applicable)</small>						
1. Last Name First Name  Position  Name of Affiliated Organization						
2. Last Name First Name  Position  Name of Affiliated Organization						
3. Last Name First Name  Position  Name of Affiliated Organization						
4. Last Name First Name  Position  Name of Affiliated Organization						
5. Last Name First Name  Position  Name of Affiliated Organization						
6. Totals from additional pages <small>(if any)</small>						
7. Totals for all employees who, during the reporting period, received \$10,000 or less in total disbursements from your organization and any affiliates						
8. Totals of Lines 1 through 7						
9. Less Deductions						
Enter the Total from Line 10 in..... Item 57 ⇨				10. Net Disbursements		

# **SCHEDULE 11 — BENEFITS**


FILE NUMBER: 023-553

Description (A)	To Whom Paid (B)	Amount (C)
1.		
2.		
3.		
4.		
5. Total from additional pages (if any)		
6. Total of Lines 1 through 5		
Enter the Total from Line 6 .....  Item 63		


## **SCHEDULE 12 — CONTRIBUTIONS, GIFTS & GRANTS**

Description (A)	Amount (B)
1. Charitable contribution	5,411
2.	
3.	
4.	
5.	
6.	
7. Total from additional pages (if any)	
8. Total of Lines 1 through 7	5411
Enter the Total from Line 8 in .....  Item 64	


## **SCHEDULE 13 — OFFICE & ADMINISTRATIVE EXPENSE**

Description (A)	Amount (B)
1. Office supplies	4,076
2. Investment management fees	3,654
3.	
4.	
5.	
6.	
7. Total from additional pages (if any)	
8. Total of Lines 1 through 7	7730
Enter the Total from Line 8 in .....  Item 60	

# **SCHEDULE 14 — OTHER RECEIPTS**

Description (A)	Amount (B)
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	
13.	
14.	
15.	
16. Total from additional pages (if any)	
17. Total of Lines 1 through 16	
Enter the Total from Line 17 in .....  Item 54	

# **SCHEDULE 15 — OTHER DISBURSEMENTS**

Description (A)	Amount (B)
1. Membership activities	25,769
2. Meetings & Conventions	29,307
3. Reimbursements	139
4. Mutual aid	4,438
5. Insurance	516
6.	
7.	
8.	
9.	
10.	
11.	
12.	
13.	
14.	
15.	
16. Total from additional pages (if any)	
17. Total of Lines 1 through 16	60,169
Enter the Total from Line 17 in .....  Item 73	

ORGANIZATION NAME: Carpenters AFL-CIO Local Union 1138

ENDING DATE OF PERIOD COVERED: June 30, 2001

FILE NUMBER: 023-553

PAGE 1 OF 1 ADDITIONAL PAGES

## SCHEDULE 9 — ALL OFFICERS AND DISBURSEMENTS TO OFFICERS (continued)

(A) Name (List all persons who held office during the reporting period even if they received no salary or other disbursements. Use all capital letters.)		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Title (Enter title of officer, such as PRESIDENT or TREASURER.)	Status (C)					
Last Name: <u>TRAN</u> First Name: <u>TAI</u> Title: <u>CONDUCTOR</u> Status: <u>C</u>			<u>599</u>			<u>599</u>
Last Name: <u>WAGNER</u> First Name: <u>JOHN</u> Title: <u>RECORDING SEC</u> Status: <u>C</u>			<u>599</u>			<u>599</u>
Last Name: <u>FARLEY</u> First Name: <u>JOHN</u> Title: <u>WARDEN</u> Status: <u>C</u>			<u>499</u>			<u>499</u>
Last Name: <u>GLYNN</u> First Name: <u>BILL</u> Title: <u>DELEGATE</u> Status: <u>N</u>			<u>110</u>			<u>110</u>
Last Name: <u>MORSE</u> First Name: <u>CHARLES</u> Title: <u>DELEGATE</u> Status: <u>N</u>			<u>90</u>			<u>90</u>
Last Name: <u>MOREY</u> First Name: <u>DAN</u> Title: <u>DELEGATE</u> Status: <u>N</u>			<u>100</u>			<u>100</u>
Last Name: _____ First Name: _____ Title: _____ Status: _____						
Last Name: _____ First Name: _____ Title: _____ Status: _____						
Totals			<u>1,997</u>			<u>1,997</u>

ORGANIZATION NAME:

FILE NUMBER:

ENDING DATE OF PERIOD COVERED:

PAGE \_\_\_\_ OF \_\_\_\_ ADDITIONAL PAGES

**SCHEDULE 9 — ALL OFFICERS AND DISBURSEMENTS TO OFFICERS (continued)**

(A) Name <small>(List all persons who held office during the reporting period even if they received no salary or other disbursements. Use all capital letters.)</small>		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Title <small>(Enter title of officer, such as PRESIDENT or TREASURER.)</small>	Status (C)					
Last Name First Name						
Title Status						
Last Name First Name						
Title Status						
Last Name First Name						
Title Status						
Last Name First Name						
Title Status						
Last Name First Name						
Title Status						
Last Name First Name						
Title Status						
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Title Status						
Totals						